

APPENDIX F: STEP ADJUSTMENT APPLICATION

1. Type of Step Adjustment <input type="checkbox"/> Step Adjustment (Step Increase)		2. Proposed effective date:	
3. Employee Name:	4. Employee Number:	5. Department:	
6. Current Position Title:		7. Current Pay Grade:	
8. Current Wage Rate:	9. Proposed Wage Rate:	10. Date employee began current position:	
11. Years served in current position:	12. Date materials received by the Department of Finance and Personnel:		

Required Supporting Documentation:

☐ Current job description and title

☐ Estimated county financial impact to remove, retrain and recertify a replacement:
\$ _____
☐ supporting documentation and calculations

☐ Estimated operational impact to replace the employee: #service hours lost:

☐ supporting documentation and calculations

☐ Total financial impact to implement step adjustment:
\$ _____ Budget year: _____

☐ Plan of how financial impact will be absorbed.

☐ When was the employees last increase: ____/____/_____,

☐ What was the amount of the increase in dollars and cents: _____

☐ What was the amount of the increase as a percentage of their wage rate at the time:
% _____

☐ When will the employee's next increase come if no action is taken:
_____/_____/_____.

☐ How much will that increase be in dollars and cents: _____.

☐ How long has the employee been in the department? _____and in current position?

☐ Additional supporting documentation

Department Head Signature:	Date:
Supervisory Committee Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Personnel Committee Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:

TO BE COMPLETED BY THE DEPARTMENT OF FINANCE AND PERSONNEL

New Wage Rate:	Effective Date:
Old Wage Rate:	
Signature of Personnel Manager:	Date:
Incentive Retention executed by:	Date: